PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 430156.402USPC			
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number 10/535,231				iled	July 24, 2006	<del></del>	
For A PHARMACEUTICAL COMPOSITION COMPRISING AN IMMUNOGLOBULIN FC REGION AS A CARRIER							
Art Unit				xamii	ner		
1644				Ilia I. Ouspenski			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
		<u>Fee</u>	Small Enti	y Fee	2		
	One month (37 CFR 1.17(a)(1))	\$120	\$60		\$		
	<b>X</b> Two months (37 CFR 1.17(a)(2))	\$460	\$230		\$ <u>460</u>		
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525		\$		
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820		\$		
	Five months (37 CFR 1.17(a)(5))	\$2230	\$111	5	\$		
П	Applicant claims small entity status. See 37 CFR 1.27.						
П	A check in the amount of the fee is enclosed.						
П	Payment by credit card. Form PTO-2038 is attached.						
П	The Director has already been authorized to charge fees in this						
Ц	application to a Deposit Account.						
The Director is hereby authorized to charge any fees which may be required,							
	or credit any overpayment, to Deposit Account Number <u>19-1090</u> . I have enclosed a						
duplicate copy of this sheet.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
I am the ∐ applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71							
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
■ attorney or agent of record. Registration No. <u>44,614</u>							
attorney or agent under 37 CFR 1.34.							
Registration number if acting under 37 CFR 1.34							
	/William T. Christiansen/			Aug	ust 14, 2008		
	Signature				Date		
	William T. Christiansen, Ph.D.				6-622-4900		
Typed or printed name Telephone Number							

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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